

ADDENDUM RECEIPT FORM

**CITY OF HIALEAH
72 UNIT ELDERLY HOUSING
275 PALM AVE
HIALEAH, FLORIDA**

CONTRACTOR'S NAME _____

ADDRESS _____

PHONE NO. _____ **FAX NO.** _____

CONTACT NAME _____ **SIGNATURE** _____

THE BIDDER ACKNOWLEDGES RECEIPT OF THE FOLLOWING ADDENDUM BY SIGNING AND DATING BELOW: COPY OF THIS FORM MUST BE FAXED AND IMMEDIATELY TO CITY of HIALEAH @ (305) 687-2642.

<u>ADDENDUM</u>	<u>SIGNATURE</u>	<u>DATE</u>
3	_____	_____
_____	_____	_____
_____	_____	_____

RAILINGS & MISCELLANEOUS METALS-BID #2012/13-3230-00-023

ARF